

Individual Stand Alone Dental Plans

Individual Dental On Exchange/Marketplace	Anthem-Family		Delta Dental		Delta Dental-Family		Renaissance	
Plan Type	High	Low	High	Low	High	Low	High	Low
Diagnostic & Preventive (D&P)	No charge after deductible	No charge after deductible	100%	100%	100%	100%	100%	80%
Basic Services	80%	60%	80%	60%	80%	60%	75%	60%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%
Medically Necessary Orthodontics	50%	50%	50%	50%	50%	50%	50%	50%
Deductible	\$25	\$50	\$50	\$150	\$50	\$150	\$50	\$50
Deductible applies to D&P	Yes	Yes	No	No	No	No	No	No
Rates	\$34.17	\$24.41	\$41.75	\$31.75	\$46.50	\$33.50	\$40.23	\$31.61

Individual Dental-Off Exchange	Renaissance		Anthem-Family		Delta Dental-Family	
Plan Type	High	Low	High	Low	High	Low
Diagnostic & Preventive (D&P)	100%	80%	No charge after deductible	No charge after deductible	100%	100%
Basic Services	75%	60%	80%	60%	80%	60%
Major Services	50%	50%	50%	50%	50%	50%
Medically Necessary Orthodontics	N/A	N/A	50%	50%	50%	50%
Deductible	\$50	\$50	\$25	\$50	\$50	\$150
Deductible applies to D&P	No	No except x-rays	Yes	Yes	No	No
Rates	\$40.23	\$31.61	\$34.17	\$24.41	\$46.50	\$33.50

Renaissance plans have different networks. Contact Renaissance for more information.

"High" plans have an Actuarial Value of 85% and "Low" plans have Actuarial Value of 70%.

All Pediatric plans have an Out of Pocket Maximum of \$350 a year for one child and it is capped at \$700 for two or more children.

The sample rates shown above are for age 0-20 only and are for Area 1.

Rates may differ for family plans enrolling consumers over age 20 and may differ by the Area in which you live.

Coinsurance percentages are the amounts the plan pays.

Some plans have copays on specific services.